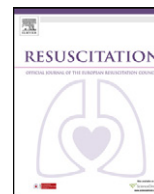




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Letter to the Editor

Knowledge of adrenaline (epinephrine) administration in anaphylaxis in adults is still deficient. Has there been any improvement?

Sir,

Droste and Narayan have shown that knowledge regarding the use of epinephrine in anaphylaxis is still deficient and that complications from incorrect use still occur.¹ Despite previous surveys highlighting this deficiency and making recommendations, overall improvement has not been achieved.² Their survey is interesting, in that it seems to show improvement regarding the route of administration of epinephrine with 79.5% of participants choosing the intramuscular route compared to 57.9% and 68.3% in previous surveys and this may be a step forward in reducing complications from intravenous epinephrine use in inappropriate settings.^{3,4} They included more senior doctors, including 41 consultants, and it would have been useful to see the breakdown of the responses given by each grade as previous surveys have shown that specialty registrars are more likely to know the correct route than the more junior grades.^{3,4} If it still is the case that junior doctors are less likely to administer epinephrine correctly then the Acute Care Undergraduate Teaching (ACUTE) initiative for the care of acutely ill patients competency to recognise and initiate treatment for an anaphylactic reaction is not being successfully met and efforts need to be focused at educating junior doctors and re-enforcing knowledge.⁵

It will also be interesting to see a comparative study of knowledge regarding the administration of epinephrine according to local guidelines between institutions where measures to improve this knowledge have been introduced and institutions where it has not, such as the presence of anaphylactic packs. To our knowledge comparative studies have not yet been done. Although, in the current financial situation it is likely that hospitals will not be keen on introducing anaphylaxis packs with pre-filled epinephrine syringes on all resuscitation trolleys due to the cost, shelf-life and low incidence of anaphylactic reactions on the wards. Due to this doctors of all

grades should be aware of the correct dose and route of epinephrine in anaphylaxis so that patients can be treated appropriately with current available epinephrine ampoules (1 ml 1 mg 1:1000) and minimise the risk of associated complications.

Conflict of interest statement

None declared.

All authors have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted

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